

No. 54

IMMEDIATE RELEASE

15 November 1946

NEWS NOTES

OFFICE OF THE SURGEON GENERAL
Technical Information Division
Washington, D. C.

DISTRIBUTION: State, National and South American Medical Journals; Dental, Veterinary and Nursing Journals; Science Editors of newspapers and magazines; Medical Installations in the Zone of Interior and in Theaters of Operations.

*

*

*

SURGEON GENERAL ASKS ARMY DOCTORS
TO CONSIDER REGULAR ARMY CAREERS

Professional advantages gained by practicing medicine in the peacetime Regular Army were cited by Major General Norman T. Kirk, The Surgeon General, in letters sent some 5,000 young Army doctors.

All doctors who received their medical education in the Army Specialized Training Program during the war were supplied with up-to-the-minute information regarding a career in the Regular Army. In future integrations of Medical Corps officers the War Department has authorized the commissioning of approximately 1600 doctors.

"The service offers 30 years of work in the field of medicine and its various specialties," General Kirk stated. "And that service will be devoted not only to active duty as doctors, but to advanced study in leading civilian medical schools when merited and Army general hospitals."

Under the present program, more than 400 Army doctors will have completed graduate and refresher courses by December 31. The Surgeon General is anxious to qualify as many Army doctors as possible for consideration by American Specialty Boards. This program has the endorsement of American Medical Association.

An Army doctor begins to specialize in military medicine and surgery as soon as he enters the service. He receives an initial annual salary as a first lieutenant of \$3,804 if he has dependents and \$3,372 if he has no dependents.

Complete and modern laboratories and medical equipment are available to Army physicians and surgeons. They are also under the constant tutelage of experienced Army doctors and outstanding civilian medical scientists appointed as Consultants to The Secretary of War through The Surgeon General. Most of the consultants served during the war and are familiar with military medicine as well as civilian.

MORE

SURGEON GENERAL ASKS ARMY DOCTORS TO CONSIDER REGULAR ARMY CAREERS (Cont'd)

An important point for doctors planning an Army career is that younger men will be used entirely for professional assignments and training. Administrative positions are adequately provided from among older officers. Furthermore, because of their excellent record during the war, officers in the Medical Administrative Corps will be given more responsibilities, thus relieving doctors for actual practice.

Furthermore, the War Department has waived certain qualifications demanded of all Army doctors such as four years of medical study and a year's internship in the case of ASTP-trained doctors who received medical degrees under the accelerated program which required three years of medical study and nine month's internship. Approved internships, residency training and residency specialists training programs are already in operation in Army hospitals whereby a doctor trained in the abbreviated wartime program may enlarge upon his education while receiving steady pay as an Army doctor.

All applicants must be graduates of approved medical schools, however, before they will receive consideration for commissions.

Among other inducements offered by Regular Army careers are free medical and dental care for the officer and his dependents, free transportation of family and household goods, special income tax provisions, vacations of 30 days a year, security emoluments and three-fourths pay at retirement based on the highest rank attained during 30 years of service.

Six principle points stressed by General Kirk were:

1. Professional assignments for those medical officers who desire them will be provided to maximum extent possible.
2. Approved internships, mixed residencies and specialist residencies have been established in Army hospitals.
3. Provision of specialist training in Army hospitals and civilian institutions in order that Regular Army Medical officers may qualify for the various American Specialty Boards.
4. Regular Army Medical officers will be encouraged to seek certification by the Specialty Boards.
5. Administrative training opportunities will be made available to those officers interested in administrative or tactical unit assignments.
6. Medical officers will be relieved to the maximum extent of tactical and administrative assignments for purely professional work.

ARMY EPIDEMIOLOGICAL BOARD WINS LASKER GROUP AWARD

The Army Epidemiological Board was named one of five groups in the fields of medical research and public health administration to receive the coveted Lasker Group Award this month in Cleveland, Ohio.

Dr. Francis G. Blake, dean of the Yale University Medical School, chairman of the board during the time for which it was cited, accepted the award, a silver statuette, on behalf of the board.

Other groups awarded were the Bureau of Entomology and Plant Quarantine, U. S. Department of Agriculture; the National Institute of Health, U. S. Public Health Service; the Northern Regional Research Laboratory, Department of Agriculture, and the Board For The Coordination of Malarial Studies. The latter board was comprised of representatives of the Army, Navy, Public Health Service, National Research Council, Committee on Medical Research and other civilian organizations engaged in malaria research.

The Army Epidemiological Board was cited for its work in the control of infectious diseases, one aspect of which was its development of an effective vaccine against influenza.

In addition to enlisting the services of upwards of 125 authorities on infectious diseases, the Board enlisted the facilities of some of the chief universities and scientific institutes in the United States. It also conducted extensive surveys and experiments in all theaters where American troops were in operation. It made many new discoveries in the field of preventive medicine.

New and valuable information was obtained concerning all of the infectious diseases of importance to the Army. Their many achievements constitute a permanent enrichment of medical science, and a lasting contribution to the advancement of civilian public health.

ARMY'S PREVENTIVE MEDICINE PROGRAM EXPLAINED TO WOMEN'S GROUP BY GENERAL KIRK

Major General Norman T. Kirk, The Surgeon General, explained aspects of the Army preventive medicine program recently in an address before leaders of the Nation's prominent women's organizations in The Pentagon Building.

The women, who represented 20 million American women, heard The Surgeon General at a meeting of the Advisory Council to the Women's Interest Unit of the War Department. General Kirk discussed to some extent the venereal disease control program which is part of preventive medicine activity.

"The present Army's venereal disease control program may be considered under two headings," General Kirk declared. "(1) control activities essentially military and (2) control activities dependent upon the support and cooperation of civilian agencies."

ARMY'S PREVENTIVE MEDICINE PROGRAM EXPLAINED TO WOMEN'S GROUP etc. (Cont'd)

He went on to explain that the Army is doing its part by extensive educational programs, moral and religious programs, discovery and adequate treatment of infected personnel and recreation and athletics. This, in conjunction with paralleled program carried out by civilian health agencies, police and municipal groups in the civilian communities has reduced the incidence of venereal disease here at home.

General Kirk also discussed some of the facts about the health of the Army and plans for keeping the soldier well in the years to come. He said that adoption of chest x-rays as a routine part of the physical examination for entry into the Army has reduced to the vanishing point the number of men inducted who have undiscovered tuberculosis.

When in the Army the soldier is asked to look upon his Army doctor as he did his family physician. Such an understanding plus extensive research and expert medical treatment produced the healthiest Army the world has known, the General added.

GENERAL BLISS LEAVES TO INSPECT EUROPEAN MEDICAL INSTALLATIONS

Brigadier General Raymond W. Bliss, Deputy Surgeon General, will complete his world-wide survey of Army medical installations when he returns to the United States after a six weeks tour of inspection in Europe.

General Bliss left this week for Le Havre, France, where he will be met by Brigadier General Edward A. Noyes, Chief Surgeon, European Theater of Operations. From France both officers plan to go to England before completing their tour on the European mainland and the Mediterranean Theater of Operations.

Last year General Bliss inspected all Army medical facilities in the Pacific Theater. And last spring he returned to Bikini for the first atomic bomb test in Operation Crossroads.

TESTS PROVE NEW E RATION ACCEPTABLE FOR COMBAT

Army Ground Forces engaged in operational training and maneuvers during 1947 will be issued the new E ration to replace the old C ration and the K ration for individual feeding of troops under field and combat conditions.

This newly designed ration has been approved by representatives of the War Department General Staff, Army Ground Forces headquarters, the Office of The Surgeon General, and the Office of The Quartermaster General, following rigid tests conducted by troops isolated at Camp Carson, Colorado, during September. The Quartermaster Corps will procure $3\frac{1}{4}$ millions of the new rations for use next year.

TESTS PROVE NEW E RATION ACCEPTABLE FOR COMBAT (Continued)

As a result of the tests by troops and upon the recommendation of the Office of The Surgeon General, the caloric content of the E ration will be increased from 3,331, as originally designed, to 3,800 calories per day by adding one meat item. Other changes will include redeveloping the chicken and vegetable item by increasing the chicken characteristics. Chlorine-type tablets for purification of drinking water will be included, cigarettes will be increased from 9 to 20 per man per day, and the supply of matches will be doubled. The rations will be packed for export in packages weighing not more than 40 pounds.

In testing the new rations, 660 men composing a battalion of the 38th Regimental Combat Team at Camp Carson were divided into six companies. Each company was isolated from the other companies during the 30-day test period and no man was permitted to have any food other than that contained in the rations under test.

One company, serving as the control unit, was fed the basic A or garrison ration, supplemented with the equivalent of an additional half ration; so the men could have all they wanted of practically all types of foods every day. Another company was fed the straight E ration; still another had the E ration plus one-third additional E rations. A fourth company subsisted on the 1945 C ration. The fifth company was fed on the new 5-in-one ration which is intended for small group feeding, and the sixth was allowed to make a free choice of any items and any amount of items from the new E ration.

Every man was carefully weighed at the beginning, during, and at the end of the test period. All were given biochemical and metabolic tests periodically to observe any vitamin deficiencies and they were carefully observed as to the condition of their health, loss of vigor, and whether any injuries or illnesses could be attributed to the ration content.

All of the men were engaged in mountain climbing and mountain field activities which are described as a moderate activity. It was found that the average caloric energy expended by the men engaged in this type of activity was 3,400 calories per day.

The company which was fed on supplemented A rations gained an average of 3 pounds per man during the 30 days. Those who were fed on the E ration plus $1/3$ additional E rations gained an average of one pound. Those fed the C ration showed an average loss of one pound, and those who were fed on the E ration only showed an average loss of 3 pounds. The company which was given free choice of E rations gained an average of about 3 pounds per man.

The increase of one meat item to the E ration was recommended because the average consumption of this ration was 3,234 calories per day, as against an average energy output of 3,400 calories. However, it was pointed out that the E ration is intended only for operational purposes and not for continuous feeding longer than 21 days.

TESTS PROVE NEW E RATION ACCEPTABLE FOR COMBAT (Continued)

The tests showed that all of the items in the E ration and the 5-in-one ration were highly acceptable to the men; they were adequate nutritionally, and were suitably packaged for transport by truck, animal, or hand-carrying, or for drop from planes. The effect on the morale and welfare of the men was considered by scientific observers to be highly satisfactory. The decreases in weight observed in the men who subsisted wholly on C and E rations was regarded as not large and not dangerous to health.

As revised, the new E ration weighs 5 pounds 3 1/2 ounces and is composed of 7 cans, one accessory packet, and one packet of cigarettes. The cans consist of three meat units, two biscuit units, one bread unit, and a fruit unit.

The bread unit contains 4 ounces of canned white bread. The fruit component consists of one of four varieties of fruit; peaches, pineapple, apricots or fruit cocktail.

The meat components consist of 10 varieties of 12 ounces each; chicken and vegetables, hamburgers, pork and rice, ham and lima beans, beef stew, pork and beans, meat and beans, frankfurters and beans, meat and noodles, ground meat and spaghetti. Thus four varieties of fruit and 10 varieties of meat are provided without repeating an item.

In the accessory packet are chewing gum, can opener, salt, wooden spoon, chlorine-type tablets for purifying drinking water, and heat tablets for heating rations. The cigarette packet contains 20 cigarettes and a book of 20 matches.

NEW WATER-PURIFYING TABLET DEVELOPED BY ARMY

A new tablet for purifying water in the soldier's canteen which is considered superior to the chlorine-type tablets used during the war, has been announced by the War Department.

With iodine employed instead of chlorine, the new tablets make the drinking water less objectionable in taste and odor. Tests have shown that the iodine-containing tablet has greater sterilizing flexibility in that it can be used under a wide range of conditions. It is also more suitable and dissolves more quickly than its predecessor. This tablet was developed by scientists of the Army Medical Department, Quartermaster Corps and Corps of Engineers.

When the chlorine-containing tablets were dissolved in water, soldiers complained that they made the water unpleasant to the taste. It was found that even with strict supervision it was sometimes difficult to prohibit the soldiers from drinking water from streams or wells of questioned purity.

NEW WATER-PURIFYING TABLET DEVELOPED BY ARMY (Continued)

After examining a large number of different compounds, scientists found that triglycine hydroperiodide possessed the highest military characteristics. Quickly dissolving tablets containing this chemical which liberated seven and one-half parts per million of elemental iodine were subjected to extensive testing. It was found to be a safe and highly effective agent.

Additional tests of the new "tablet, water purification, individual, iodine," as the compound has been designated, will be carried out during the ensuing year.

CLINICAL PSYCHOLOGISTS ARE NEEDED IN THE REGULAR ARMY

Clinical psychologists are needed to augment neuropsychiatrists in hospitals, combat medical units, mental hygiene consultation services, disciplinary barracks and other medical installations. Former officers of the Army of the United States may apply for commission in the Pharmacy Corps, as technical specialists in clinical psychology.

As outlined in War Department Circular 289, 24 September 1946, additional male officers are to be integrated into the Regular Army to increase the officer strength to 50,000. Appointments will be made in grades from 2nd Lieutenant through Major, in a grade not higher than that held during wartime. Applicants appointed who are now enlisted men will be discharged for the convenience of the Government to accept commissions in the Regular Army.

The Medical Department is authorized technical specialists as clinical psychologists and a separate list of them will be made, in addition to the non-technical list. Applicants qualified within the technical specialist groupings will be chosen according to their standing on their particular specialty list, as established by the applicant's final composite score.

The grade offered on integration will be on the basis of active or constructive service. Constructive service is the number of years the individual is over the age of 25 at the time of his appointment. With less than three years' service, the grade offered will be that of 2nd Lieutenant. With three or more but less than six years, the grade offered will be that of 1st Lieutenant. With six or more but less than twelve years, the grade will be that of Captain, and with twelve or more but less than twenty years, the grade will be that of Major.

The functions of neuropsychiatry are best served by a complete team composed of neuropsychiatrist, clinical psychologist, psychiatric social workers, psychiatrically trained nurses, enlisted neuropsychiatric technicians, clinical psychologist and psychiatric social worker assistants. The neuropsychiatrist is professionally and administratively responsible for the care of patients and delegates authority as may be indicated.

CLINICAL PSYCHOLOGISTS ARE NEEDED IN THE REGULAR ARMY (Continued)

Among the duties that clinical psychologists may be called upon to perform are:

1. Administer and evaluate various individual and group tests to determine the intellectual, educational, vocational and other aptitudes, interests, attitudes and personality status of individuals.
2. Administer and interpret psychological tests to facilitate classification assignments, differential diagnoses and treatment.
3. Interview patients, assist in preparation of clinical records, and be familiar with the clinical picture and prognosis.
4. Engage in research problems in psychology to include statistical surveys, the design, development and validation of psychological tests and procedures.
5. Provide remedial treatment for educational handicaps, habit readjustments, aphasia, speech, hearing and visual defects, re-education of motor functions and similar conditions.
6. Assist, when directed, with individual and group therapy, preventive psychiatry or other similar programs.
7. Participate in staff conferences.
8. Supervise and assist in teaching and training of enlisted clinical psychologist assistants and others.

As this is an interim measure, special educational requirements for the Pharmacy Corps are waived. College graduates with a degree acceptable to The Surgeon General, which will basically qualify the officer for further training in clinical psychology, will be acceptable for integration into the Pharmacy Corps. For initial qualification as a clinical psychologist, civilian experience in abnormal or clinical psychological practice in a public or private institution, hospital, court, school, or industrial organization is essential. The applicant should have a Master's degree in Psychology with specialization in clinical, educational, or industrial psychology. Preference will be given to applicants having completed the requirements for a Doctor of Philosophy degree in Psychology.

Although appointments will be tendered in four increments during the calendar year 1947, applications must be forwarded prior to 31 December 1946, to be considered. Formal applications, in triplicate, will be made on WD AGO Form 62 (1 September 1946) and forwarded to the commanding general of the Army area in which the individual resides. Any additional information may be secured by addressing the various commanding generals as listed below:

CLINICAL PSYCHOLOGISTS ARE NEEDED IN THE REGULAR ARMY (Continued)

Maine, Vermont, New Hampshire,
Massachusetts, Connecticut, Rhode
Island, New York, New Jersey, and
Delaware.

Pennsylvania, Maryland, Virginia
West Virginia, Kentucky, Indiana,
and Ohio.

Tennessee, North Carolina, South
Carolina, Georgia, Florida,
Alabama, and Mississippi

Arkansas, Louisiana, Texas,
Oklahoma, and New Mexico

Michigan, Wisconsin, Illinois,
Missouri, Iowa, Minnesota,
North Dakota, South Dakota
Nebraska, Kansas, Wyoming, and
Colorado

Montana, Idaho, Utah, Arizona
Nevada, California, Oregon and
Washington

Residents of the Military
District of Washington

Commanding General, First
Army, Governors Island
New York 4, New York

Commanding General, Second
Army, U. S. Post Office
& Courthouse Bldg., Fayette
& Calvert St., Baltimore,
Maryland.

Commanding General, Seventh
Army, Old Post Office Bldg.
Atlanta 3, Georgia.

Commanding General, Fourth
Army, Fort Sam Houston, Texas

Commanding General, Fifth
Army, Civic Opera Bldg., 20
North Wacker Drive, Chicago 6,
Illinois.

Commanding General, Sixth Army
Presidio of San Francisco,
California

Commanding General, Military
District of Washington
Washington, D. C.

At a later date, it is planned to offer direct commissions in the Reserve Corps and the Regular Army to qualified clinical psychologists without prior military experience.

CAPTAIN R. C. LONGAN GIVEN COMMENDATION BY SURGEON GENERAL

Captain Robert C. Longan, Jr., Deputy Chief, Neuropsychiatry Consultants Division, Office of The Surgeon General, was recently presented with the Army Commendation Ribbon by Major General Norman T. Kirk, Surgeon General of the Army, for his exceptional service and outstanding contribution in the field of psychiatry while serving in the Office of The Surgeon General as Chief of the Psychiatry Branch and later as Deputy Director of the Neuropsychiatry Consultants Division.

Prior to his duties in the Office of The Surgeon General Captain Longan was in charge of the Psychiatric Section of the Army Ground and Service Forces Redistribution Station, Asheville, North Carolina, having entered the Army in January 1944 from Johns Hopkins Hospital.

Captain Longan is returning to his home in Richmond, Virginia, where he will take up civilian practice of psychiatry.

CLINICAL PSYCHOLOGISTS ARE NEEDED IN THE REGULAR ARMY (Continued)

Maine, Vermont, New Hampshire,
Massachusetts, Connecticut, Rhode
Island, New York, New Jersey, and
Delaware.

Pennsylvania, Maryland, Virginia
West Virginia, Kentucky, Indiana,
and Ohio.

Tennessee, North Carolina, South
Carolina, Georgia, Florida,
Alabama, and Mississippi

Arkansas, Louisiana, Texas,
Oklahoma, and New Mexico

Michigan, Wisconsin, Illinois,
Missouri, Iowa, Minnesota,
North Dakota, South Dakota
Nebraska, Kansas, Wyoming, and
Colorado

Montana, Idaho, Utah, Arizona
Nevada, California, Oregon and
Washington

Residents of the Military
District of Washington

Commanding General, First
Army, Governors Island
New York 4, New York

Commanding General, Second
Army, U. S. Post Office
& Courthouse Bldg., Fayette
& Calvert St., Baltimore,
Maryland.

Commanding General, Seventh
Army, Old Post Office Bldg.
Atlanta 3, Georgia.

Commanding General, Fourth
Army, Fort Sam Houston, Texas

Commanding General, Fifth
Army, Civic Opera Bldg., 20
North Wacker Drive, Chicago 6,
Illinois.

Commanding General, Sixth Army
Presidio of San Francisco,
California

Commanding General, Military
District of Washington
Washington, D. C.

At a later date, it is planned to offer direct commissions in the Reserve Corps and the Regular Army to qualified clinical psychologists without prior military experience.

CAPTAIN R. C. LONGAN GIVEN COMMENDATION BY SURGEON GENERAL

Captain Robert C. Longan, Jr., Deputy Chief, Neuropsychiatry Consultants Division, Office of The Surgeon General, was recently presented with the Army Commendation Ribbon by Major General Norman T. Kirk, Surgeon General of the Army, for his exceptional service and outstanding contribution in the field of psychiatry while serving in the Office of The Surgeon General as Chief of the Psychiatry Branch and later as Deputy Director of the Neuropsychiatry Consultants Division.

Prior to his duties in the Office of The Surgeon General Captain Longan was in charge of the Psychiatric Section of the Army Ground and Service Forces Redistribution Station, Asheville, North Carolina, having entered the Army in January 1944 from Johns Hopkins Hospital.

Captain Longan is returning to his home in Richmond, Virginia, where he will take up civilian practice of psychiatry.

ARRIVALS, OFFICE OF THE SURGEON GENERAL

COLONEL ANGVOLD VICKOREN, MC, of Great Falls, Montana, formerly of Medical Department Replacement Pool, Brooke Army Medical Center, Fort Sam Houston, Texas, assigned to Physical Standards Division, Disposition & Retirement Branch.

MAJOR FRED S. ETHERTON, MC, of Memphis, Tenn., formerly of Redemption Station #4, Fort Bragg, N.C., assigned to Physical Standards Division, Disposition & Retirement Branch.

MAJOR EDWARD G. STREIDL, PC, of Washington, D. C., formerly of Seventh Army, Fort Bragg, N.C., assigned to Office of Plans & Operations, Troop Units Division, Organization & Equipment Allowance Branch.

MAJOR GORDON S. KJOLSRUD, PC, of Chicago, Ill., formerly of Army-Navy Procurement Office, New York, N.Y., assigned to Office of Supply, Storage & Maintenance Division.

MAJOR RUSSELL D. STEELE, MC, of Shelby, Ohio, formerly of Reception Station #7, Fort Sheridan, Ill., assigned to Physical Standards Division, Disposition & Retirement Branch.

CAPTAIN HARVEY H. AMERMAN, MC, of Washington, D. C., formerly of Medical Department Replacement Pool, Brooke Army Medical Center, Fort Sam Houston, Texas, assigned to Neuropsychiatry Consultants Division.

CAPTAIN PERRY C. BULLARD, PC, of Lapine, Ala., formerly of Army Medical Department School, Brooke Army Medical Center, Fort Sam Houston, Texas, assigned to Office of Plans & Operations, Education & Training Division, Officers Training Branch.

CAPTAIN FLORYNCE M. HOULE, ANC, of Washington, D. C., formerly of Headquarters, Tilton General Hospital, Fort Dix, N.J., assigned to Nursing Consultants Division, Army Nurse Branch (Personnel)

DEPARTURES, OFFICE OF THE SURGEON GENERAL

COLONEL SAMUEL A. COHEN, MC, of New York, N.Y., formerly of Physical Standards Division, Disposition & Retirement Branch, assigned to Seventh Army, Fort McClellan, Alabama.

LIEUTENANT COLONEL JAMES E. SAMS, MC, of Dallas, Texas, formerly of Army Medical Research & Development Board, Development Branch, assigned to Medical Department Replacement Pool, Brooke Army Medical Center, Fort Sam Houston, Texas.

MAJOR CHARLES B. HOOKER, MC, of Washington, D. C., formerly of Physical Standards Division, Disposition & Retirement Branch, assigned to Medical Department Replacement Pool, Brooke Army Medical Center, Fort Sam Houston, Texas.

MAJOR WILLIAM W. BRYANS, MAC, of Wyomissing, Pa., formerly Chief of Office Service Division, assigned to Detachment of Patients, Walter Reed General Hospital, Washington, D. C.

MAJOR DONALD CAMPBELL, MC, of New York, N.Y., formerly of Office of Plans & Operations, Hospital Division, Chief of Medical Regulating Unit, assigned to Medical Department Replacement Pool, Brooke Army Medical Center, Fort Sam Houston, Texas.

DEPARTURES, OFFICE OF THE SURGEON GENERAL (Continued)

MAJOR MICHAEL G. HRESAN, MC, of Oak Hill, W. Va., formerly of Office of Personnel, Overhead, assigned to Separation Center, Fort George G. Meade, Md.

MAJOR WILLIAM VESCHE, MAC, of Washington, D.C., formerly of Office of Personnel, Military Personnel Division, Office of the Chief, assigned to Letterman General Hospital, San Francisco, California.

CAPTAIN ARCHIE E. GROFF, MC, of Houston, Texas, formerly of Physical Standards Division, Induction & Appointment Branch, assigned to United States Forces, European Theater.

CAPTAIN ARTHUR J. COLLINS, MAC, of Greensboro, N.C., formerly of Office of Personnel, Overhead, assigned to Separation Center, Fort George G. Meade, Md.

CAPTAIN RICHARD H. DORSETT, MAC, of San Antonio, Texas, formerly of Office of Personnel, Military Personnel Division, Office of the Chief, assigned to 306th AAF Base Unit, Brooks Field, San Antonio, Texas.

CAPTAIN ROBERT C. LONGAN, JR., MC, of Richmond, Va., formerly of Neuropsychiatry Consultants Division, assigned to Separation Center, Fort George G. Meade, Md.

1ST LIEUTENANT WILLIAM L. MURDOCK, MAC, of Boise, Idaho, formerly Chief of Voucher Branch, Fiscal Division, assigned to Separation Center, Fort George G. Meade, Md.

1ST LIEUTENANT JOE P. TRIMMER, MAC, of Milwaukee, Wisc., formerly of Office of Plans & Operations, Education & Training Division, assigned to Fifth Regional Hospital, Fort Sheridan, Illinois.

REASSIGNMENTS, OFFICE OF THE SURGEON GENERAL

LIEUTENANT COLONEL CLARENCE H. WALSH, MAC, of Pawtucket, R.I., of Office of Plans & Operations, Troop Units Division, Theater & Troop Units Branch, designated as Chief of Theater & Troop Units Branch, Troop Units Division, Office of Plans & Operations.

MAJOR RUSSEL MURRAY, JR., MAC, of Arlington, Va., transferred from Executive Office, Personnel Authorization Unit to Office of Personnel, Personnel Authorization Unit.

MAJOR EDWARD G. STREIDL, of Washington, D.C., formerly of Office of Plans & Operations, Troop Units Division, Organization & Equipment Allowance Branch, designated as Chief of Organization & Equipment Allowance Branch, Troop Units Division, Office of Plans & Operations.

MAJOR HOWARD E. HODGE, MAC, of Philadelphia, Pa., of Office of Plans & Operations, Hospital Division, Medical Regulating Unit, designated as Chief of Medical Regulating Unit, Hospital Division, Office of Plans & Operations.

NEWS NOTES

OFFICE OF THE SURGEON GENERAL
Technical Information Division
Washington, D. C.

DISTRIBUTION: State, National and South American Medical Journals; Dental, Veterinary and Nursing Journals; Science Editors of newspapers and magazines; Medical Installations in the Zone of Interior and in Theaters of Operations.

*

*

*

SURGEON GENERAL ASKS ARMY DOCTORS
TO CONSIDER REGULAR ARMY CAREERS

Professional advantages gained by practicing medicine in the peacetime Regular Army were cited by Major General Norman T. Kirk, The Surgeon General, in letters sent some 5,000 young Army doctors.

All doctors who received their medical education in the Army Specialized Training Program during the war were supplied with up-to-the-minute information regarding a career in the Regular Army. In future integrations of Medical Corps officers the War Department has authorized the commissioning of approximately 1600 doctors.

"The service offers 30 years of work in the field of medicine and its various specialties," General Kirk stated. "And that service will be devoted not only to active duty as doctors, but to advanced study in leading civilian medical schools when merited and Army general hospitals."

Under the present program, more than 400 Army doctors will have completed graduate and refresher courses by December 31. The Surgeon General is anxious to qualify as many Army doctors as possible for consideration by American Specialty Boards. This program has the endorsement of American Medical Association.

An Army doctor begins to specialize in military medicine and surgery as soon as he enters the service. He receives an initial annual salary as a first lieutenant of \$3,804 if he has dependents and \$3,372 if he has no dependents.

Complete and modern laboratories and medical equipment are available to Army physicians and surgeons. They are also under the constant tutelage of experienced Army doctors and outstanding civilian medical scientists appointed as Consultants to The Secretary of War through The Surgeon General. Most of the consultants served during the war and are familiar with military medicine as well as civilian.

MORE

SURGEON GENERAL ASKS ARMY DOCTORS TO CONSIDER REGULAR ARMY CAREERS (Cont'd)

An important point for doctors planning an Army career is that younger men will be used entirely for professional assignments and training. Administrative positions are adequately provided from among older officers. Furthermore, because of their excellent record during the war, officers in the Medical Administrative Corps will be given more responsibilities, thus relieving doctors for actual practice.

Furthermore, the War Department has waived certain qualifications demanded of all Army doctors such as four years of medical study and a year's internship in the case of ASTP-trained doctors who received medical degrees under the accelerated program which required three years of medical study and nine month's internship. Approved internships, residency training and residency specialists training programs are already in operation in Army hospitals whereby a doctor trained in the abbreviated wartime program may enlarge upon his education while receiving steady pay as an Army doctor.

All applicants must be graduates of approved medical schools, however, before they will receive consideration for commissions.

Among other inducements offered by Regular Army careers are free medical and dental care for the officer and his dependents, free transportation of family and household goods, special income tax provisions, vacations of 30 days a year, security emoluments and three-fourths pay at retirement based on the highest rank attained during 30 years of service.

Six principle points stressed by General Kirk were:

1. Professional assignments for those medical officers who desire them will be provided to maximum extent possible.
2. Approved internships, mixed residencies and specialist residencies have been established in Army hospitals.
3. Provision of specialist training in Army hospitals and civilian institutions in order that Regular Army Medical officers may qualify for the various American Specialty Boards.
4. Regular Army Medical officers will be encouraged to seek certification by the Specialty Boards.
5. Administrative training opportunities will be made available to those officers interested in administrative or tactical unit assignments.
6. Medical officers will be relieved to the maximum extent of tactical and administrative assignments for purely professional work.

ARMY EPIDEMIOLOGICAL BOARD WINS LASKER GROUP AWARD

The Army Epidemiological Board was named one of five groups in the fields of medical research and public health administration to receive the coveted Lasker Group Award this month in Cleveland, Ohio.

Dr. Francis G. Blake, dean of the Yale University Medical School, chairman of the board during the time for which it was cited, accepted the award, a silver statuette, on behalf of the board.

Other groups awarded were the Bureau of Entomology and Plant Quarantine, U. S. Department of Agriculture; the National Institute of Health, U. S. Public Health Service; the Northern Regional Research Laboratory, Department of Agriculture, and the Board For The Coordination of Malarial Studies. The latter board was comprised of representatives of the Army, Navy, Public Health Service, National Research Council, Committee on Medical Research and other civilian organizations engaged in malaria research.

The Army Epidemiological Board was cited for its work in the control of infectious diseases, one aspect of which was its development of an effective vaccine against influenza.

In addition to enlisting the services of upwards of 125 authorities on infectious diseases, the Board enlisted the facilities of some of the chief universities and scientific institutes in the United States. It also conducted extensive surveys and experiments in all theaters where American troops were in operation. It made many new discoveries in the field of preventive medicine.

New and valuable information was obtained concerning all of the infectious diseases of importance to the Army. Their many achievements constitute a permanent enrichment of medical science, and a lasting contribution to the advancement of civilian public health.

ARMY'S PREVENTIVE MEDICINE PROGRAM EXPLAINED TO WOMEN'S GROUP BY GENERAL KIRK

Major General Norman T. Kirk, The Surgeon General, explained aspects of the Army preventive medicine program recently in an address before leaders of the Nation's prominent women's organizations in The Pentagon Building.

The women, who represented 20 million American women, heard The Surgeon General at a meeting of the Advisory Council to the Women's Interest Unit of the War Department. General Kirk discussed to some extent the venereal disease control program which is part of preventive medicine activity.

"The present Army's venereal disease control program may be considered under two headings," General Kirk declared. "(1) control activities essentially military and (2) control activities dependent upon the support and cooperation of civilian agencies."

ARMY'S PREVENTIVE MEDICINE PROGRAM EXPLAINED TO WOMEN'S GROUP etc. (Cont'd)

He went on to explain that the Army is doing its part by extensive educational programs, moral and religious programs, discovery and adequate treatment of infected personnel and recreation and athletics. This, in conjunction with paralleled program carried out by civilian health agencies, police and municipal groups in the civilian communities has reduced the incidence of venereal disease here at home.

General Kirk also discussed some of the facts about the health of the Army and plans for keeping the soldier well in the years to come. He said that adoption of chest x-rays as a routine part of the physical examination for entry into the Army has reduced to the vanishing point the number of men inducted who have undiscovered tuberculosis.

When in the Army the soldier is asked to look upon his Army doctor as he did his family physician. Such an understanding plus extensive research and expert medical treatment produced the healthiest Army the world has known, the General added.

GENERAL BLISS LEAVES TO INSPECT EUROPEAN MEDICAL INSTALLATIONS

Brigadier General Raymond W. Bliss, Deputy Surgeon General, will complete his world-wide survey of Army medical installations when he returns to the United States after a six weeks tour of inspection in Europe.

General Bliss left this week for Le Havre, France, where he will be met by Brigadier General Edward A. Noyes, Chief Surgeon, European Theater of Operations. From France both officers plan to go to England before completing their tour on the European mainland and the Mediterranean Theater of Operations.

Last year General Bliss inspected all Army medical facilities in the Pacific Theater. And last spring he returned to Bikini for the first atomic bomb test in Operation Crossroads.

TESTS PROVE NEW E RATION ACCEPTABLE FOR COMBAT

Army Ground Forces engaged in operational training and maneuvers during 1947 will be issued the new E ration to replace the old C ration and the K ration for individual feeding of troops under field and combat conditions.

This newly designed ration has been approved by representatives of the War Department General Staff, Army Ground Forces headquarters, the Office of The Surgeon General, and the Office of The Quartermaster General, following rigid tests conducted by troops isolated at Camp Carson, Colorado, during September. The Quartermaster Corps will procure 3 $\frac{1}{4}$ millions of the new rations for use next year.

TESTS PROVE NEW E RATION ACCEPTABLE FOR COMBAT (Continued)

As a result of the tests by troops and upon the recommendation of the Office of The Surgeon General, the caloric content of the E ration will be increased from 3,331, as originally designed, to 3,800 calories per day by adding one meat item. Other changes will include redeveloping the chicken and vegetable item by increasing the chicken characteristics. Chlorine-type tablets for purification of drinking water will be included, cigarettes will be increased from 9 to 20 per man per day, and the supply of matches will be doubled. The rations will be packed for export in packages weighing not more than 40 pounds.

In testing the new rations, 660 men composing a battalion of the 38th Regimental Combat Team at Camp Carson were divided into six companies. Each company was isolated from the other companies during the 30-day test period and no man was permitted to have any food other than that contained in the rations under test.

One company, serving as the control unit, was fed the basic A or garrison ration, supplemented with the equivalent of an additional half ration so the men could have all they wanted of practically all types of foods every day. Another company was fed the straight E ration; still another had the E ration plus one-third additional E rations. A fourth company subsisted on the 1945 C ration. The fifth company was fed on the new 5-in-one ration which is intended for small group feeding, and the sixth was allowed to make a free choice of any items and any amount of items from the new E ration.

Every man was carefully weighed at the beginning, during, and at the end of the test period. All were given biochemical and metabolic tests periodically to observe any vitamin deficiencies and they were carefully observed as to the condition of their health, loss of vigor, and whether any injuries or illnesses could be attributed to the ration content.

All of the men were engaged in mountain climbing and mountain field activities which are described as a moderate activity. It was found that the average caloric energy expended by the men engaged in this type of activity was 3,400 calories per day.

The company which was fed on supplemented A rations gained an average of 3 pounds per man during the 30 days. Those who were fed on the E ration plus $\frac{1}{3}$ additional E rations gained an average of one pound. Those fed the C ration showed an average loss of one pound, and those who were fed on the E ration only showed an average loss of 3 pounds. The company which was given free choice of E rations gained an average of about 3 pounds per man.

The increase of one meat item to the E ration was recommended because the average consumption of this ration was 3,234 calories per day, as against an average energy output of 3,400 calories. However, it was pointed out that the E ration is intended only for operational purposes and not for continuous feeding longer than 21 days.

TESTS PROVE NEW E RATION ACCEPTABLE FOR COMBAT (Continued)

The tests showed that all of the items in the E ration and the 5-in-one ration were highly acceptable to the men; they were adequate nutritionally, and were suitably packaged for transport by truck, animal, or hand-carrying, or for drop from planes. The effect on the morale and welfare of the men was considered by scientific observers to be highly satisfactory. The decreases in weight observed in the men who subsisted wholly on C and E rations was regarded as not large and not dangerous to health.

As revised, the new E ration weighs 5 pounds 3 1/2 ounces and is composed of 7 cans, one accessory packet, and one packet of cigarettes. The cans consist of three meat units, two biscuit units, one bread unit, and a fruit unit.

The bread unit contains 4 ounces of canned white bread. The fruit component consists of one of four varieties of fruit; peaches, pineapple, apricots or fruit cocktail.

The meat components consist of 10 varieties of 12 ounces each; chicken and vegetables, hamburgers, pork and rice, ham and lima beans, beef stew, pork and beans, meat and beans, frankfurters and beans, meat and noodles, ground meat and spaghetti. Thus four varieties of fruit and 10 varieties of meat are provided without repeating an item.

In the accessory packet are chewing gum, can opener, salt, wooden spoon, chlorine-type tablets for purifying drinking water, and heat tablets for heating rations. The cigarette packet contains 20 cigarettes and a book of 20 matches.

NEW WATER-PURIFYING TABLET DEVELOPED BY ARMY

A new tablet for purifying water in the soldier's canteen which is considered superior to the chlorine-type tablets used during the war, has been announced by the War Department.

With iodine employed instead of chlorine, the new tablets make the drinking water less objectionable in taste and odor. Tests have shown that the iodine-containing tablet has greater sterilizing flexibility in that it can be used under a wide range of conditions. It is also more suitable and dissolves more quickly than its predecessor. This tablet was developed by scientists of the Army Medical Department, Quartermaster Corps and Corps of Engineers.

When the chlorine-containing tablets were dissolved in water, soldiers complained that they made the water unpleasant to the taste. It was found that even with strict supervision it was sometimes difficult to prohibit the soldiers from drinking water from streams or wells of questioned purity.

NEW WATER-PURIFYING TABLET DEVELOPED BY ARMY (Continued)

After examining a large number of different compounds, scientists found that triglycine hydroperiodide possessed the highest military characteristics. Quickly dissolving tablets containing this chemical which liberated seven and one-half parts per million of elemental iodine were subjected to extensive testing. It was found to be a safe and highly effective agent.

Additional tests of the new "tablet, water purification, individual, iodine," as the compound has been designated, will be carried out during the ensuing year.

CLINICAL PSYCHOLOGISTS ARE NEEDED IN THE REGULAR ARMY

Clinical psychologists are needed to augment neuropsychiatrists in hospitals, combat medical units, mental hygiene consultation services, disciplinary barracks and other medical installations. Former officers of the Army of the United States may apply for commission in the Pharmacy Corps, as technical specialists in clinical psychology.

As outlined in War Department Circular 289, 24 September 1946, additional male officers are to be integrated into the Regular Army to increase the officer strength to 50,000. Appointments will be made in grades from 2nd Lieutenant through Major, in a grade not higher than that held during wartime. Applicants appointed who are now enlisted men will be discharged for the convenience of the Government to accept commissions in the Regular Army.

The Medical Department is authorized technical specialists as clinical psychologists and a separate list of them will be made, in addition to the non-technical list. Applicants qualified within the technical specialist groupings will be chosen according to their standing on their particular specialty list, as established by the applicant's final composite score.

The grade offered on integration will be on the basis of active or constructive service. Constructive service is the number of years the individual is over the age of 25 at the time of his appointment. With less than three years' service, the grade offered will be that of 2nd Lieutenant. With three or more but less than six years, the grade offered will be that of 1st Lieutenant. With six or more but less than twelve years, the grade will be that of Captain, and with twelve or more but less than twenty years, the grade will be that of Major.

The functions of neuropsychiatry are best served by a complete team composed of neuropsychiatrist, clinical psychologist, psychiatric social workers, psychiatrically trained nurses, enlisted neuropsychiatric technicians, clinical psychologist and psychiatric social worker assistants. The neuropsychiatrist is professionally and administratively responsible for the care of patients and delegates authority as may be indicated.

CLINICAL PSYCHOLOGISTS ARE NEEDED IN THE REGULAR ARMY (Continued)

Among the duties that clinical psychologists may be called upon to perform are:

1. Administer and evaluate various individual and group tests to determine the intellectual, educational, vocational and other aptitudes, interests, attitudes and personality status of individuals.
2. Administer and interpret psychological tests to facilitate classification assignments, differential diagnoses and treatment.
3. Interview patients, assist in preparation of clinical records, and be familiar with the clinical picture and prognosis.
4. Engage in research problems in psychology to include statistical surveys, the design, development and validation of psychological tests and procedures.
5. Provide remedial treatment for educational handicaps, habit readjustments, aphasia, speech, hearing and visual defects, re-education of motor functions and similar conditions.
6. Assist, when directed, with individual and group therapy, preventive psychiatry or other similar programs.
7. Participate in staff conferences.
8. Supervise and assist in teaching and training of enlisted clinical psychologist assistants and others.

As this is an interim measure, special educational requirements for the Pharmacy Corps are waived. College graduates with a degree acceptable to The Surgeon General, which will basically qualify the officer for further training in clinical psychology, will be acceptable for integration into the Pharmacy Corps. For initial qualification as a clinical psychologist, civilian experience in abnormal or clinical psychological practice in a public or private institution, hospital, court, school, or industrial organization is essential. The applicant should have a Master's degree in Psychology with specialization in clinical, educational, or industrial psychology. Preference will be given to applicants having completed the requirements for a Doctor of Philosophy degree in Psychology.

Although appointments will be tendered in four increments during the calendar year 1947, applications must be forwarded prior to 31 December 1946, to be considered. Formal applications, in triplicate, will be made on WD AGO Form 62 (1 September 1946) and forwarded to the commanding general of the Army area in which the individual resides. Any additional information may be secured by addressing the various commanding generals as listed below:

CLINICAL PSYCHOLOGISTS ARE NEEDED IN THE REGULAR ARMY (Continued)

Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, and Delaware.

Pennsylvania, Maryland, Virginia West Virginia, Kentucky, Indiana, and Ohio.

Tennessee, North Carolina, South Carolina, Georgia, Florida, Alabama, and Mississippi

Arkansas, Louisiana, Texas, Oklahoma, and New Mexico

Michigan, Wisconsin, Illinois, Missouri, Iowa, Minnesota, North Dakota, South Dakota Nebraska, Kansas, Wyoming, and Colorado

Montana, Idaho, Utah, Arizona Nevada, California, Oregon and Washington

Residents of the Military District of Washington

Commanding General, First Army, Governors Island New York 4, New York

Commanding General, Second Army, U. S. Post Office & Courthouse Bldg., Fayette & Calvert St., Baltimore, Maryland.

Commanding General, Seventh Army, Old Post Office Bldg. Atlanta 3, Georgia.

Commanding General, Fourth Army, Fort Sam Houston, Texas

Commanding General, Fifth Army, Civic Opera Bldg., 20 North Wacker Drive, Chicago 6, Illinois.

Commanding General, Sixth Army Presidio of San Francisco, California

Commanding General, Military District of Washington Washington, D. C.

At a later date, it is planned to offer direct commissions in the Reserve Corps and the Regular Army to qualified clinical psychologists without prior military experience.

CAPTAIN R. C. LONGAN GIVEN COMMENDATION BY SURGEON GENERAL

Captain Robert C. Longan, Jr., Deputy Chief, Neuropsychiatry Consultants Division, Office of The Surgeon General, was recently presented with the Army Commendation Ribbon by Major General Norman T. Kirk, Surgeon General of the Army, for his exceptional service and outstanding contribution in the field of psychiatry while serving in the Office of The Surgeon General as Chief of the Psychiatry Branch and later as Deputy Director of the Neuropsychiatry Consultants Division.

Prior to his duties in the Office of The Surgeon General Captain Longan was in charge of the Psychiatric Section of the Army Ground and Service Forces Redistribution Station, Asheville, North Carolina, having entered the Army in January 1944 from Johns Hopkins Hospital.

Captain Longan is returning to his home in Richmond, Virginia, where he will take up civilian practice of psychiatry.

24 SCIENTISTS NAMED AS CONSULTANTS TO ARMY INSTITUTE OF PATHOLOGY

Appointment of 24 eminent scientists as resident consultants and Scientific Advisory Board members to the Army Institute of Pathology, Washington, D. C. has been announced by the War Department.

In keeping with Medical Department policy to utilize fully the experience of outstanding men in the various fields of scientific endeavor, The Surgeon General, U. S. Army, has appointed a Scientific Advisory Board to consult in the reorganization and operation of the Army Institute of Pathology, the central laboratory of pathology for the U. S. Army. Most of the men serving on this Board have been Resident Consultants to the Institute, while others are outstanding representatives in the fields of teaching and research.

Members of this Board will advise the Director of the Institute regarding experimental research with the view of eliminating unnecessary duplication and to utilizing properly the vast stores of accumulated material. They will be consulted in the training of personnel, the use of new techniques, equipment and scientific apparatus, and of qualified personnel for professional work.

The Chairman, Division of Medical Sciences, National Research Council, will serve as an ex-officio member of the Board. This group will act as consultants to The Surgeon General, U. S. Army, through the Director of the Army Institute of Pathology. Representing an integral part of The Surgeon General's proposed research center, the Army Institute of Pathology, in entering this important phase of readjustment and expansion, will utilize the advice and counsel of these outstanding men in formulating policies relative to research and training.

Additional members, representative of specialized fields of pathology and allied sciences, will be appointed when the facilities for research and training are provided in the new building.

Named to the Scientific Advisory Board were:

Dr. Joseph Appleton, Dr. Balduin Lucke and Dr. Isidore S. Ravdin, University of Pennsylvania, Philadelphia, Pennsylvania; Dr. William H. Feldman, The Mayo Foundation, Rochester, Minnesota; Dr. Harry Goldblatt, Cedars of Lebanon Hospital, Los Angeles, California; Dr. Howard Karsner, Western Reserve University, Cleveland, Ohio; Dr. Karl F. Meyer, Hooper Foundation, San Francisco, California; Dr. Robert A. Moore, Washington University, St. Louis, Missouri; Dr. Maurice O. Pincoffs, University of Maryland, Baltimore, Maryland; Dr. Arnold R. Rich, Johns Hopkins University, Baltimore, Maryland; Dr. Shields Warren, New England Deaconess Hospital, Boston, Massachusetts; Dr. Lewis Weed, National Research Council, Washington, D.C.; Dr. Burt Wolbach, Harvard University, Cambridge, Massachusetts.

Named as resident consultants were:

Dr. Arthur C. Allen, 235 E. 22nd Street, New York City; Dr. Granville A. Bennett, University of Illinois, Chicago, Illinois; Dr. Philip R. Custer, University of Pennsylvania, Philadelphia, Pennsylvania; Dr. Sidney Farber, 300 Longwood Avenue, Boston, Massachusetts; Dr. James A. Kernohan, Mayo Clinic, Rochester, Minnesota; Dr. Harvig Kuhlénbeck, Women's Medical College, Philadelphia, Pennsylvania; Dr. Tracy Mallory, Harvard University, Massachusetts General Hospital, Boston, Massachusetts; Dr. Henry Pinkerton, St. Louis University, St. Louis, Missouri; Dr. Otto Saphir, University of Illinois, Chicago, Illinois; Dr. Wallace M. Yater, 1801 K Street, N.W., Washington, D. C.

ARRIVALS, OFFICE OF THE SURGEON GENERAL

COLONEL ANGVALD VICKOREN, MC, of Great Falls, Montana, formerly of Medical Department Replacement Pool, Brooke Army Medical Center, Fort Sam Houston, Texas, assigned to Physical Standards Division, Disposition & Retirement Branch.

MAJOR FRED S. ETHERTON, MC, of Memphis, Tenn., formerly of Redemption Station #4, Fort Bragg, N.C., assigned to Physical Standards Division, Disposition & Retirement Branch.

MAJOR EDWARD G. STREIDL, PC, of Washington, D. C., formerly of Seventh Army, Fort Bragg, N.C., assigned to Office of Plans & Operations, Troop Units Division, Organization & Equipment Allowance Branch.

MAJOR GORDON S. KJOLSRUD, PC, of Chicago, Ill., formerly of Army-Navy Procurement Office, New York, N.Y., assigned to Office of Supply, Storage & Maintenance Division.

MAJOR RUSSELL D. STEELE, MC, of Shelby, Ohio, formerly of Reception Station #7, Fort Sheridan, Ill., assigned to Physical Standards Division, Disposition & Retirement Branch.

CAPTAIN HARVEY H. AMMERMAN, MC, of Washington, D. C., formerly of Medical Department Replacement Pool, Brooke Army Medical Center, Fort Sam Houston, Texas, assigned to Neuropsychiatry Consultants Division.

CAPTAIN PERRY C. BULLARD, PC, of Lapine, Ala., formerly of Army Medical Department School, Brooke Army Medical Center, Fort Sam Houston, Texas, assigned to Office of Plans & Operations, Education & Training Division, Officers Training Branch.

CAPTAIN FLORYNCE M. HOULE, ANC, of Washington, D. C., formerly of Headquarters, Tilton General Hospital, Fort Dix, N.J., assigned to Nursing Consultants Division, Army Nurse Branch (Personnel)

DEPARTURES, OFFICE OF THE SURGEON GENERAL

COLONEL SAMUEL A. COHEN, MC, of New York, N.Y., formerly of Physical Standards Division, Disposition & Retirement Branch, assigned to Seventh Army, Fort McClellan, Alabama.

LIEUTENANT COLONEL JAMES E. SAMS, MC, of Dallas, Texas, formerly of Army Medical Research & Development Board, Development Branch, assigned to Medical Department Replacement Pool, Brooke Army Medical Center, Fort Sam Houston, Texas.

MAJOR CHARLES B. HOOKER, MC, of Washington, D. C., formerly of Physical Standards Division, Disposition & Retirement Branch, assigned to Medical Department Replacement Pool, Brooke Army Medical Center, Fort Sam Houston, Texas.

MAJOR WILLIAM W. BRYANS, MAC, of Wyomissing, Pa., formerly Chief of Office Service Division, assigned to Detachment of Patients, Walter Reed General Hospital, Washington, D. C.

MAJOR DONALD CAMPBELL, MC, of New York, N.Y., formerly of Office of Plans & Operations, Hospital Division, Chief of Medical Regulating Unit, assigned to Medical Department Replacement Pool, Brooke Army Medical Center, Fort Sam Houston, Texas.

DEPARTURES, OFFICE OF THE SURGEON GENERAL (Continued)

MAJOR MICHAEL G. HRESAN, MC, of Oak Hill, W. Va., formerly of Office of Personnel, Overhead, assigned to Separation Center, Fort George G. Meade, Md.

MAJOR WILLIAM WESCHE, MAC, of Washington, D.C., formerly of Office of Personnel, Military Personnel Division, Office of the Chief, assigned to Letterman General Hospital, San Francisco, California.

CAPTAIN ARCHIE E. GROFF, MC, of Houston, Texas, formerly of Physical Standards Division, Induction & Appointment Branch, assigned to United States Forces, European Theater.

CAPTAIN ARTHUR J. COLLINS, MAC, of Greensboro, N.C., formerly of Office of Personnel, Overhead, assigned to Separation Center, Fort George G. Meade, Md.

CAPTAIN RICHARD H. DORSETT, MAC, of San Antonio, Texas, formerly of Office of Personnel, Military Personnel Division, Office of the Chief, assigned to 306th AAF Base Unit, Brooks Field, San Antonio, Texas.

CAPTAIN ROBERT C. LONGAN, JR., MC, of Richmond, Va., formerly of Neuro-psychiatry Consultants Division, assigned to Separation Center, Fort George G. Meade, Md.

1ST LIEUTENANT WILLIAM L. MURDOCK, MAC, of Boise, Idaho, formerly Chief of Voucher Branch, Fiscal Division, assigned to Separation Center, Fort George G. Meade, Md.

1ST LIEUTENANT JOE P. TRIMMER, MAC, of Milwaukee, Wisc., formerly of Office of Plans & Operations, Education & Training Division, assigned to Fifth Regional Hospital, Fort Sheridan, Illinois.

REASSIGNMENTS, OFFICE OF THE SURGEON GENERAL

LIEUTENANT COLONEL CLARENCE H. WALSH, MAC, of Pawtucket, R.I., of Office of Plans & Operations, Troop Units Division, Theater & Troop Units Branch, designated as Chief of Theater & Troop Units Branch, Troop Units Division, Office of Plans & Operations.

MAJOR RUSSEL MURRAY, JR., MAC, of Arlington, Va., transferred from Executive Office, Personnel Authorization Unit to Office of Personnel, Personnel Authorization Unit.

MAJOR EDWARD G. STREIDL, of Washington, D.C., formerly of Office of Plans & Operations, Troop Units Division, Organization & Equipment Allowance Branch, designated as Chief of Organization & Equipment Allowance Branch, Troop Units Division, Office of Plans & Operations.

MAJOR HOWARD E. HODGE, MAC, of Philadelphia, Pa., of Office of Plans & Operations, Hospital Division, Medical Regulating Unit, designated as Chief of Medical Regulating Unit, Hospital Division, Office of Plans & Operations.